

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21000000126

**Entity Name:** SOUTHEAST RADIOLOGY PARTNERS LTD

**Current Principal Place of Business:**

1600 PHILLIPS RD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1600 PHILLIPS RD  
TALLAHASSEE, FL 32308 US

**FEI Number:** 85-3818657

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOUTHEAST RADIOLOGY PARTNERS LLC  
1600 PHILLIPS RD  
TALLAHASSEE, FL 32308 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # L21000117208  
Name SOUTHEAST RADIOLOGY PARTNERS  
LLC  
Address 1600 PHILLIPS RD  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGUERITE MCCAULEY

ASST CONTROLLER

02/28/2024

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date